

**INDIVIDUAL LICENSEE APPLICATION FOR POST-APPROVAL  
OF CONTINUING EDUCATION CREDIT {ARSD 20:68:07:11}**

**SD Board of Examiners for Counselors and MFT's**

IF AN INDIVIDUAL LICENSEE DESIRES POST-APPROVAL OF A COUNSELING-RELATED CONTINUING EDUCATION PROGRAM, THEY SHALL APPLY TO THE BOARD WITHIN 30 DAYS OF THE PROGRAM PRESENTATION DATE AND **INCLUDE A NON-REFUNDABLE \$25 FEE** MADE PAYABLE TO SDBCE. **Payment of fee does not guarantee approval of program.**

**20:68:07:11. Post approval of activities.** An organization, presenter, or attendee seeking post approval of a program shall submit to the board, within 30 days after completion of the program its dates, subjects, instructors and their qualifications, the number of contact hours requested, and the fee required in § 20:68:02:03. Within 30 days after receipt of the application, the board shall advise the organization, presenter, or attendee in writing whether the program is approved and the number of contact hours allowed.

THE APPLICANT SHALL BE NOTIFIED IN WRITING WITHIN 30 DAYS AFTER THE BOARD'S CONSIDERATION.

**Include printed program/brochure with complete schedule, speaker name(s) and qualifications, topics offered, and a copy of your certificate of attendance.**

TITLE OF PROGRAM: \_\_\_\_\_

DATE OF PROGRAM: \_\_\_\_\_

STATE THE OBJECTIVES OF THE PROGRAM AND THE COUNSELING KNOWLEDGE YOU GAINED UPON COMPLETION OF THE PROGRAM:

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DESCRIBE THE METHOD USED BY THE PARTICIPANTS TO EVALUATE THE PROGRAM:

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LICENSEE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TO AVOID RETURNED MAIL, YOU **MUST** ATTACH ANY BRIEF DOCUMENTS, PROGRAM /  
BROCHURE, CERTIFICATE OF ATTENDANCE, ETC. PERTAINING TO THIS ACTIVITY ALONG  
WITH THE FEE TO:

**SD BOARD OF EXAMINERS FOR COUNSELORS AND MFT'S  
PO BOX 340  
PIERRE, SD 57501  
(605/224-1721)**